

# **PCPNDT Act- Role of NGOs in Save the Girl Child Campaign**

**Report**

**at**



**State Institute of Health and Family Welfare, Jaipur**

**(An ISO 9001: 2008 certified Institution)**

**October 23-24, 2008**



State PCPNDT Cell

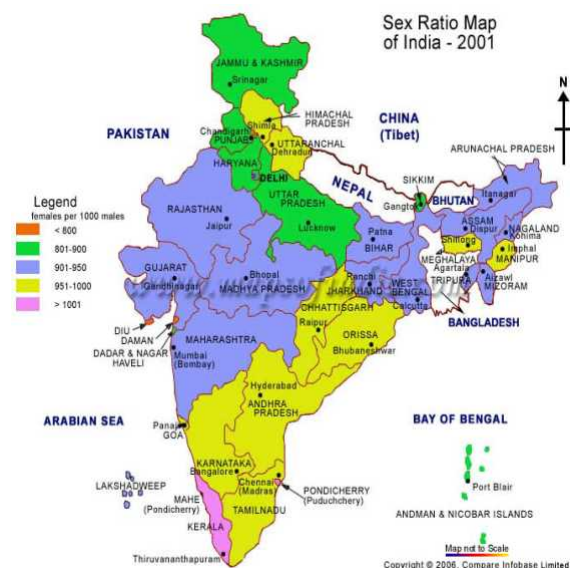


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## Preamble:

The declining sex ratio had become a constant concern to everyone in rank and file for the changing demographic profile and the social consequences thereof. With majority of interventions addressing the female population, in one way or the other, somehow are getting the palpable dent into the gender balance of the total population. Despite the natural equity accorded to the sex of new born, ways and means have come up over the years there by this equity has been twisted in favor of males. As a consequence, today the sex ratio in the country stands at 933 females for every 1000 males, this too when the relatively biologically stronger eves have a higher survival outside the reproductive age. The fact has empirical evidence particularly when we look at the sex ratio in children between 0-6 years of age where 127 girl children are missing for reasons intricately woven into the social fabric of society (Girl child sex ratio: 873- NFHS-3).

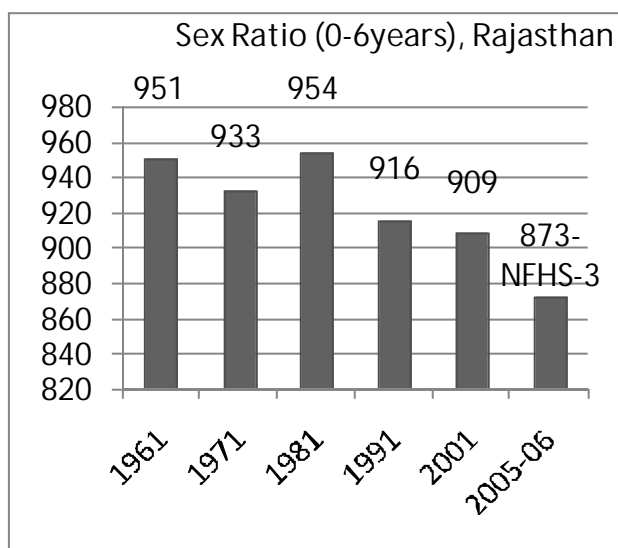
The elimination of girls and women is not entirely new to Indian socio cultural context. Neglect of the girl child in terms of nutrition, education, health care and her overall development is just one facet; a more cruel practice against females is female





infanticide and female feticide. The obvious result is a sex ratio increasingly adverse to women.

The scientific advances and the modern medicine have become double edged sword further cutting across the socially determined girl child ratio, complementing each other and in turn providing an opportunity to potential parents saying NO to the birth of girl child.



Pre natal diagnostic techniques like amniocentesis and Ultra Sonography have been used all over the world for detection of genetic abnormalities. However, in India they are being misused for the past three decades for the detection of the sex of the unborn child and subsequently for sex

selection- that is to eliminate fetus selectively, if they are females.

Female feticide is one of the major reasons behind lesser number of girls in the age group of 0-6 years. In order to check this evil practice, the Pre-Conception and Pre-Natal Diagnostic Techniques (PC&PNDT) Act, 1994 was implemented and amended in 2003 as the Pre-Conception and Pre-Natal Diagnostic Techniques (Prohibition of Sex Selection) Act. The act prohibits sex selection before or after conception and



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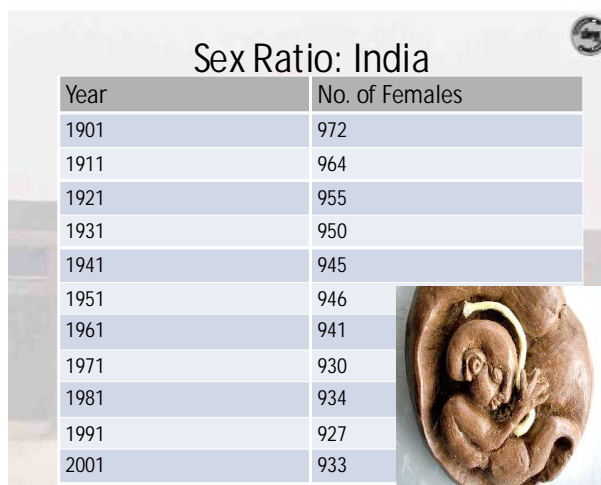
regulates the use of pre-conception and pre-natal diagnostic technique so that these are not misused for sex selection.

The scripting of an Act alone is not sufficient in itself. This calls for a concerted effort on part of everyone from the potential mother to Providers and Planners.

Somehow the cluttered concern and the opaque clarity at all levels have made mockery of the entire Act. Act alone, as said earlier is not the end, society needs to be sensitized and oriented in favor of the girl child, the providers need to drop the rustic feeling and the planners need to ensure effective enforcement of the Act.

In view of the fact that a mass mobilization of community is needed, besides the efforts made by the government in effective implementation of the Act; it becomes imperative to have the

grass-root organizations subscribe to their role a little more effectively for making people know the importance of the parity that the female child should get in the family and the society by and large, rather than the ascribed role often imposed on the NGOs.





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The PCPNDT Cell at Directorate of Medical and Health Services (DM&HS), Government of Rajasthan, took an initiative in consultation with State Institute of Health and Family Welfare to sensitize the NGO partners on the issue and have a first hand feel of what they think of their role in making the PCPNDT Act effective and subsequently contribute into the healthy sex ratio in the community.

As a tool, a two days workshop (October 23-24, 2008) was organized at SIHFW, Jaipur.

39 NGOs represented by 46 participants did attend the workshop along with the officials from the Directorate and the faculty of SIHFW.

### **Proceedings of Workshop:**

With Principal Secretary Health addressing the house; Director RCH, Director SIHFW and the State Program coordinator UNFPA also shared their concern for the issue, during the inaugural session.

Director RCH underlined the efforts and initiatives taken by government on addressing the declining sex ratio. The reiteration of the simple fact that Act alone is not sufficient was made, and the role of & expectations from NGOs was clarified.



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The composition and role of the State Supervisory Board was explained besides, the information on the health department's website was given to the participants.

Role of mass media in reaching people on the issue and department's initiative were made known to the participants apart from the excerpts from the workshop (September 2008, at NLU Jodhpur) involving judicial and legal authorities, organized by the department were flooded.

The department also entered into a dialogue with USG machine manufacturing houses for keeping the government informed about the machine buyers in order to facilitate regulation and creating a data bank for monitoring of registered and unregistered centers.

The expectations on the outcome of the workshop with clarity on role of NGOs in complementing the government initiatives on meaningful implementation of the PCPNDT Act were also spelled out.

The Principal Secretary Health made a touching remark that killing with a motive is criminal but it goes with a suffix 'heinous' if an advertent effort is made to suffocate a life in the womb itself and it is cognizable, non- bailable and non- compoundable.



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Further, the providers who are a party to defiance of the intent and intention of the Act should be debarred from practice of medicine in future.

Stress was laid on the role of potential mothers in explicitly saying No for subjecting themselves to the misuse of the technique, come what may. The females themselves need to learn to protest against the advertent sex selection and resist the pressures from family and society.

It was expected that NGOs would subscribe to moral and professional policing besides generating awareness amongst the populace regarding the social consequences of adverse sex ratio; and would single out their role for creating a healthy sex ratio in consonance to the principles of gender equity; acting as change agents in the society.

The concern and support of United Nations Population Fund in ironing out these disparities were shared by State Program Coordinator.

During the discourse spread over different sessions experts and Program Officers pondered over the dimensions of sex ratio and the legal tool (the Act).



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Demographer and Evaluation Officer, DM&HS, did put forward the demographic trends pertaining to sex ratio on the state and situational assessment of various fertility and mortality indicators and the strategies crafted hitherto and need for the efforts to be scaled up and grafted into the program henceforth for accomplishing the feat in relation to the agreed upon objective indicators during the XI FYP period.

All is not that bad, though in minority some of the districts have made a tangible effort palpable enough and endorsed by the various survey and census data between 1981 and 2001. The situation in 2007,



assessed through studies and data triangulation was also subjected to critique and criticism of the house, apart from exploring the possible reasons thereof from the NGO partners. The skepticism of the NGO partners on the validity of the government data, as usual, was addressed in view of the statistics having its derivation from 80% of the sample.

Status of sex ratio in marginalized and underserved tribal population sitting at the fence of societal boundaries was subjected to a verbal post-mortem in order to understand the adverse gender transition.





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In view of incomparable data from different sources for obvious reasons like the collection approach, completeness, status of girls in society, poor enrollment in formal education and ilk, the birth registration at times is denied to the girl child subsequently leading to a poor number on records. This calls for an urgent attention to be paid to effective enforcement of another Act- Death and Birth Registration Act.

Dealing with the issue of gender and gender based violence a concern was raised about the gender equity and need to address from the common platform even in the 21<sup>st</sup> century.

The feel on how do people internalize the concepts on gender and the myths associated with it was gathered where the participants opened up gradually about the individual perceptions on gender. The varied spectrum of responses was crucial to the understanding wherein majority synonymies gender as female sex. The subscribed and ascribed role of gender and the responses towards it by the participants was quite jittery

The various milestones and developments particularly after ICPD and specific issues in Indian context like gender based violence, more so at home which was treated as a family issue rather than the societal issue and even the law enforcement agencies often vouched and supported it, was the opinion of social scientist addressing during



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the session. However, with development, changing economy, relative increase in awareness and the peer pressure in community; the 'women' issues are getting translated into 'gender' concerns.

The biological context and social connotation of sexuality, often expressed as sex and gender respectively needs a clear understanding in view of the gender roles prescribed by the society to each sex, particularly so in Rajasthan and its impact on the declining sex ratio amongst girl children.

A clear understanding was given to the participants after seeking their responses on sex and gender. The healthy observation that was picked up from the air is that majority of the NGO partners had a good clarity about how to differentiate between sex and gender and some pertinent examples were voiced referring to colors, psychological make-up, reaction to situation (aggression and submission), games and toys. It was left to the participants to think of prudent and pragmatic paradigms in view of the understanding related to sex and gender to come out with purposeful propositions as to how best and quickly the change can be brought in, ultimately leading to a healthy sex ratio.

Participants still felt that Rajasthan was in a relatively comfortable situation in comparison to neighboring states like Haryana, Punjab and Himachal, but that gives



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a little elbow room for complacency and much needs to be done to put Rajasthan at a higher pedestal.

The crude and cruel approach towards one time rampant practice of female infanticide, people probably have become smarter, adopting 'nip it in the bud' (i.e., misuse the technology to its best having sex selection done and feticide accomplished).

Normally literacy, occupation and income are used to be the indices of the human development, but when it comes to female feticide it is the elite and socially advantaged class that is involved into this heinous crime as compared to the

Misuse : Whose Responsibility

60 % of Dist. Authorities hold

- Medical Officers Pregnant woman +
- Motivator, and
- Husband / Relative

Responsible for Misuse of Technique

Source: Study on Assessment of Sex Ratio, by SIHFW, Rajasthan)

marginalized sections on account of the social ethos and pathos, with a dossier of excuses carrying social and religious sanctions besides the universality of son preference.

The same was endorsed by

NGOs like RVHA and others. Education as a social change agent has not made any significant contribution in the skewed sex ratio in educated classes and communities (Jain) on the contrary; the tribal belts have relatively done better.



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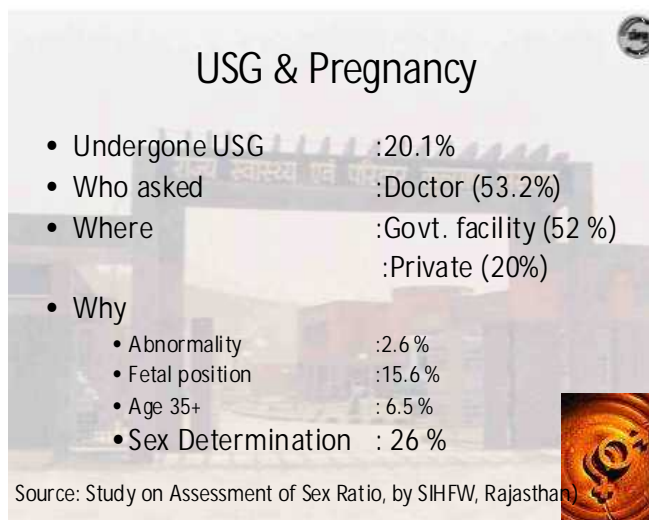


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Often the sanctity of data collected on various issues through routine agencies using survey approach is put to screening and scrutiny and at times rejected. Another issue that was brought up was that the data of Bharatpur district showed stagnation at 879 even in 1991, and 2001. This puts a big question mark on the sanctity of data as it is quite unlikely that figures remain so static over a period of 10 years. The reasons thereof could not be explicitly defended. The State Demographer cum evaluation Officer however defended pointing out that Census approach is quite scientific.

A half hour movie “**Aatmaja**” was screened for the participants. The movie showcased the mental agony of the female being pressurized to opt for USG test and ultimately to go in for female feticide. It also highlighted that empowered women can take her decision against the feticide.

Director, SIHFW, made a presentation on preliminary findings of a study conducted by SIHFW on assessment of Sex ratio (0-6 yrs.) and perceptions on PCPNDT Act. The study was conducted in five districts. Three districts with declining sex ratio- Sri Ganganagar, Jhunjhunu and Alwar and two districts with





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increasing sex ratio- Pali and Jaisalmer were selected. Health and legal officials along with general community were interacted.

The major areas touched were awareness about the status of sex ratio in the respective districts, awareness about PCPNDT Act. The community was asked about preference for pregnancy outcome, whether undergone USG, and the reasons dictating their choice for a male child.

Director stressed that sonography machine cannot be stopped from being manufactured but everything cannot be left on Government either.

While delving and exploring the social Implications of declining Sex ratio, another social scientist focused on contradictions seen in the society against the assumptions one can have-- female feticide was more common in educated class; it is more prevalent in economically sound families and it is more prevalent in urban areas than in rural areas.

The small family norm has augmented the preference for son at the cost of girl child. Social security, lineage, inheritance of property and the religious inevitability of son to perform certain rituals are some of the reasons behind this choice. It was



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emphasized that if education has to be the principal change agent, it needs to be used in effective manner.

A similar view point was expressed by the speaker from NGO. It was pointed out that nature has made the female stronger than male right from the chromosomal level, with Y chromosome being more fragile and susceptible to fetal loss. The overall life expectancy of both the sexes has increased and yet sex ratio is adverse to females. Other countries adopted stabilization of the population through general means. The implementation of PCPNDT Act shows we are far behind, especially when people opting for female feticide are educated, economically well off and have technical understanding.

The partner NGO representatives shared their experiences on the efforts made at their respective levels.

An independent consultant opened the session and urged the participants to come up with ideas and share their experiences of working in this field.

Representative from LUPIN, Bharatpur showed concern that the decreasing sex ratio is a priority issue. It was shared that in Dholpur special efforts had been made to increase female involvement, which has created a peer pressure that led to women stopping others to go for sex selection.



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Director RCH gave emphasized that there is a need to change attitude of men and have them involved in the efforts against sex selection and female feticide. An effort has been made to involve the lawyers through fellowship programs. It shall facilitate the legal process initiatives. Orientation, sensitization and awareness of lawyers would create a legally sound human resource.

Representative from Boruka Charitable Trust shared that usually people are not vocal about their decision for sex - determination tests in public. Need is to follow-up pregnant women and de-motivate them to go for the tests. Video shows which are an attractive medium and involves the viewers emotionally can be used with couples to generate awareness among them.

The SRKPS representative shared findings from three of their studies wherein they had visited various USG centers and also matched data of institutional deliveries. The general observation was that there were approximately 40% abortion cases. The NGO has ventured into sting operations to track a center and Medical Officer conducting sex selection procedures and subsequently female feticide by sending a decoy to the center, but due to administrative complications and political pressure nothing substantial could be done. Moreover the doctors move to other places when the administration becomes strict to use the Act. A question mark was put on the



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efficiency of the administration for taking concrete ones. In the absence of such steps the culprits are now using mediators to carry out their work.

Legal Advisor, PCPNDT Cell, highlighted the steps taken by the administration, on receiving the report, registrations have been cancelled for few months, and machines have been seized during surprise checks. In Jaipur and Sikar registrations have been cancelled.

Director SIHFW pointed out that change in attitude is what is required rather than such practices of sending decoys which would have fleeting effect.

The RVHA representative expressed that when doctors do not advocate for mercy killing how could their conscience allow them to go for female feticide. Doctors being educated and aware of the Act, they can not be excused for such actions.

A member of State Advisory Committee of PCPNDT Act expressed her views that habits and traditions are hard to change and requires a whole lot of attitudinal change. The IMA can pressurize doctors to stop such practices. An example from Maharashtra was given where IMA had adopted the policy convincing, contemplating and if need be incriminating & implicating the professional colleagues. Representative from PRAYAS shared views that any effort big or small, temporary or





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permanent should be appraised and supported. Males along with females need to be focused equally. Moreover, males require more sensitization on the issue. She said that role clarity and analytical approach is a must for better results. It needs to be decided that what more can be done and how these efforts can be sustained and controlled.

The views were supported by the PSI representative.

The representative from Urmul, Jaisalmer, shared their study conducted in 150 villages of Jaisalmer with focus on communities where the female sex ratio was very poor. Their finding was in contradiction to the opinions expressed by social scientist earlier, that the poor were killing their daughters and not the rich people. They had made efforts through kishori manch, mahila samuhs, ANMs and ASHAs and ilk to create awareness. Small celebrations were made in the house where girl child was born and her birth registration was done first. The CMHO and administration had supported them fully. Parents of the girls born on women's day (8<sup>th</sup> March) were sent special blessing messages by the Collector. Almost similar had been the experience shared by representative of Urmul Bikaner from 150 villages of Sri Ganganagar, where PRI and local effective people were involved in the campaign. The regular custom of 'Thali Bajana' at the birth of boy was practiced at the birth of girl as well. The PRI had issued an order through channel, stating to doctors not to conduct test



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for people from their villages, if they do then legal actions would be taken against them.

These efforts had lead to slowing of decline in sex ratio.

RVHA representative opined that the organizations should not just work for the sake of working and collecting data. They should analyze data to understand it completely.

The spokeswoman of Terapanth Mahila Mandal shared that awareness generation through rallies has worked in creating awareness among populace.

Jaipur Rural Health and Development Trust stressed that the positive social dimensions of having girls should be highlighted.

Another freelancer shared her experience of mobilizing youth in Sri Ganganagar.

**The Missing women**

| Census years | Persons (In million) | Males (In million) | Females (In million) |
|--------------|----------------------|--------------------|----------------------|
| 1901         | 238                  | 121                | 117                  |
| 1951         | 361                  | 186                | 176                  |
| 1961         | 439                  | 226                | 213                  |
| 1971         | 548                  | 284                | 264                  |
| 1981         | 683                  | 353                | 330                  |
| 1991         | 846                  | 439                | 407                  |
| 2001         | 1027                 | 531                | 496                  |

**Deficit women:**  
from **4 million** in 1901 to **35 million** (3.5 crore) in 2001

UNFPA-State representative expressed that the message should reach all and by all whether they are involved in the program or not and specifically quoted that the message can be spread through the various



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departments of the government. There are lots of areas where work can be done and more people can be involved- medical, legal and corporate professionals. All kinds of efforts can be made whether short termed or long termed.

He requested the NGOs to come up with recommendations and ideas.

The Karauli experience of RVHA was shared with participants through visual clippings on prevention of female feticide, the public participation and the local medium used to convey the messages. Such direct approaches, in their experience, are more effective and meaningful.

On legal and social responsibilities of NGOs, the legal advisor of State PCPNDT cell expressed that the mere implementation of the Act is not sufficient; some stringent actions need to be initiated to book the mal-practicing professionals particularly those who were identified through sting operations by media. The legal sections in the act were discussed. The various forms to be filled by the center were shown.

He expressed that the creation of an act is an outrageous reaction but the change in mind set takes a much longer time. The real complaints come from the public and



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now when the NGOs would actively participate in this field, immediate actions against the culprit can be taken.

Queries were made regarding the role NGOs can play in the inspections. Replying to them, the legal advisor said that with an order letter from the Directorate, the NGOs can also make inspections wherein they can check violations and report to the Appropriate Authority.

In case no timely action is taken, the NGO can take the matter against the center to the court after fifteen days. He expressed that earlier the PCPNDT was considered a government affair but now with medical and legal professionals' involvement, the scope has increased; which he hoped would further be complimented by NGO participation.

A presentation was made by the representative of ARTH, Udaipur wherein the MTP Act was seen in opposition to the PCPNDT Act. It was stressed that safe abortion under MTP Act and the sex selection both lead to abortion but the line demarcating the two is blurred and it needs special attention.



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Health Manager, PCPNDT Cell stressed that the focus has to be on “Save the Girl Child” and be seen in wider context, not limited only to the PCPNDT. Not only the female feticide and female infanticide is stopped but efforts be made for proper care of the

girl child for her overall development. The Save the Girl Child Campaign would include prevention of female feticide, protection of the girl child and punishment of those found guilty. It was requested that the NGOs should make a list of USG centers in their districts and send to the PCPNDT Cell and also of the NGOs working in the field of PCPNDT. Partnership and cooperation between the different organizations working in the field was also underlined.

The NGO Coordinator initiated the group discussion on the role of NGOs in addressing the declining sex ratio and give recommendations.

After the presentations/ discussion the following roles for NGOs came into light-

- Public awareness and orientation at large scale through the promotion of IEC activities.
- Involvement of the religious groups and their leaders.

#### Efforts of PCPNDT cell :Prevention

- Implementation of PCPNDT Act, 1994 by appropriate authority.
- Awareness of PCPNDT Act, 1994
  - General public,
  - Doctors &
  - Owners of registered centers.
- Organizing sub-district, district & state level advisory committee regularly.
- Mass publicity of views expressed by different religious leaders.





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- Mass involvement through rallies, slogans and debates.
- Follow up of pregnant women.
- Celebrating the birth of girl child.
- Grass root level workers to be oriented about Act.
- Involvement of Eunuchs.
- To talk about the issue on different platforms.

### **Recommendations:**

Following the 2 day discourse, certain recommendations were made-

- IEC material supply to MNGOs/NGOs be smoothened
- Availability of Simplified guidelines and information to the NGOs.
- Proper identification and networking with all stakeholders and Para-medicals.  
The approach should be bottom to top with strong and supportive coordination between NGOs and Government machinery.
- Financial support to MNGOs for various activities.
- Inclusion of NGOs in IMA workshops.
- Magazines should be published showing the work done in this field by various organizations.



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- Government to supply stationery and other material.
- Strong mechanism for proper implementation.
- Introduction of schemes as 'Beti Ek Anmol Ratan', giving mementos to parents having daughters, celebrating birthdays of girl child.
- Promotion of girl education.
- Celebrating Girl Child Day on lines of Women's Day, Population Day etc.
- ASHA's role and trainings should be addressed in wider prospect as she is a change agent and plays important role at grass root level.
- Incentives to be given to mother giving birth to girl child.
- NGOs and government to maintain constant interaction with each other.
- The committee at the district level to be made multimember.
- The committee at the district level should inform the NGOs about the meetings.
- Actions to be taken on complaints by NGOs.

It was pointed out by the Health Manager-PCPNDT cell, that the recommendations would be soon put into effect. The list of coordinators would be provided. The NGOs can lodge complaints on the PCPNDT website, which is also provides information on PCPNDT.



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### **Suggestions from SIHFW:**

Director-SIHFW felt that these recommendations need to be examined at the level of State PCPNDT cell in view of their prudence and be implemented at the earliest. He however opined that simply holding the Medical Officers responsible shall not serve any purpose. Also the NGOs working in the field should understand the sensitivity of the issue should refrain from “sting operations” which often are being used to settle personal scores.

The pragmatism shall be reflected in making people sensitized through extensive BCC campaigns to drop the age old rustic feelings reinforced with “male bias”. This apart from peer pressure generated through professional bodies and a little more regulatory check on manufacturers shall help in accomplishing the feat of bringing Gender Equity.

The workshop ended with a positive note of building coordination between NGOs and government machinery for successful and effective implementation of the PCPNDT Act at the district level.